
State: District of Columbia **Filing Company:** Colonial Penn Life Insurance Company
TOI/Sub-TOI: MS06 Medicare Supplement - Other/MS06.000 Medicare Supplement - Other
Product Name: Medicare Supplement
Project Name/Number: Medicare supplement ads/CPL-17804A et al

Filing at a Glance

Company: Colonial Penn Life Insurance Company
Product Name: Medicare Supplement
State: District of Columbia
TOI: MS06 Medicare Supplement - Other
Sub-TOI: MS06.000 Medicare Supplement - Other
Filing Type: Form
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Author(s): Kyle Seely, Lucy Sutton, Tammylyn O'Connor, Nicholas Linhares
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Implementation Date:

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General Information

Project Name: Medicare supplement ads
Project Number: CPL-17804A et al
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Created By: Kyle Seely
Corresponding Filing Tracking Number:

Deemer Date:
Submitted By: Kyle Seely

Filing Description:

Attached please find the following advertisements for Colonial Penn Life Insurance Company's medicare supplement policies.

CPL-17804A is a policy worksheet that licensed agents will complete with consumers to determine what benefits consumers may need.

CPL-17805A is a brochure explaining Colonial Penn's Medicare supplement policies.

CPL-14926D is a brochure explaining Medicare supplement plans and benefits.

CPL-15599A is a brochure comparing Med Advantage and Medicare supplement plans.

CPL-3403D is a reply card mailer for Medicare supplement.

155972 is the Medicare supplement page of the Bankers Life webpage.

155988 is the Medicare supplement FAQ page of the Bankers Life webpage.

Variable information:

CPL-17804A contains bracketed information. This includes the years, benefit amounts and durations that may change on an annual basis.

CPL-14926D contains bracketed information on pages 7, 9, 10, 12 and 13 that contains years and benefit amounts that may change on an annual basis.

CPL-17805A contains bracketed information on pages 4, 5, 6, 7, and 9 that contains years and benefit amounts that may change on an annual basis.

CPL-15599A contains bracketed information on pages 4 and 5, listing plan letters, states and benefit amounts that may be changed annually.

CPL-3403D contains bracketed information including names, mailing addresses, contact phone numbers, and dates.

Company and Contact

Filing Contact Information

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TOI/Sub-TOI: MS06 Medicare Supplement - Other/MS06.000 Medicare Supplement - Other
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Filing Company Information

Colonial Penn Life Insurance
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CoCode: 62065
Group Code: 233
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Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

State:	District of Columbia	Filing Company:	Colonial Penn Life Insurance Company
TOI/Sub-TOI:	MS06 Medicare Supplement - Other/MS06.000 Medicare Supplement - Other		
Product Name:	Medicare Supplement		
Project Name/Number:	Medicare supplement ads/CPL-17804A et al		

Form Schedule

Lead Form Number: CPL-17804A								
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Medicare supplement worksheet	CPL-17804A	ADV	Initial		0.000	159466_CPL-17804A-0415_brackets.pdf
2		Understanding Medicare and Your Healthcare Options	CPL-17805A	ADV	Initial		0.000	159486_CPL-17805A-0415_brackets.pdf
3		Comparing Medicare Advantage and Medicare Supplement Plans	CPL-15599A	ADV	Initial		0.000	159464_CPL-15599A-0415_brackets.pdf
4		Medicare and Active Americans brochure	CPL-14926D	ADV	Initial		0.000	159679_CPL-14926D-0415_brackets.pdf
5		Turning 65 Reply Card Mailer	CPL-3403D	ADV	Initial		0.000	156983_CPL-3403_Turning65Kit_Letter_r5.pdf
6		Medicare Supplement Products Webpage	155972	ADV	Initial		0.000	155972_BankersLife.com_Med sup.pdf
7		Medicare Supplement FAQs Webpage	155988	ADV	Initial		0.000	155988_BankersLife.com_FAQ med sup.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

Policy / Worksheet

Applicant's name _____

Existing insurer _____

Policy number _____

Expiration date of existing insurance _____

Service	Benefit	Medicare Pays	Existing or Proposed Coverage	Medicare Supplement Insurance Pays Plan: A B C ¹ D ¹ F FH ² G M N ⁴	You Pay
Inpatient Hospital Stay	First [60] days	All but [\$1,260]		<input type="radio"/> Nothing or <input type="radio"/> [\$630] or <input type="radio"/> [\$1,260]	<input type="radio"/> Nothing or <input type="radio"/> [\$630] or <input type="radio"/> [\$1,260]
	[61]st to [90]th day	All but [\$315] a day		[\$315] a day	Nothing
	[91]st day and after: While using [60] Lifetime Reserve Days	All but [\$630] a day		[\$630] a day	Nothing
	Once Lifetime Reserve Days are used: Additional [365] days	Nothing		[100%] of Medicare-eligible expenses	Nothing
	Beyond the Additional [365] days	Nothing		Nothing	All Costs
Skilled Nursing Facility Care ³	First [20] days	[100%]		Nothing	Nothing
	Additional [80] days	All but [\$157.50] a day		<input type="radio"/> Nothing or <input type="radio"/> [\$157.50] a day	<input type="radio"/> Nothing or <input type="radio"/> [\$157.50] a day
	Beyond [100] days	Nothing		Nothing	All Costs
Physician and Medical Expenses	Physician's Services in hospital, office or home, inpatient and outpatient medical services and supplies at a hospital, physical and speech therapy and ambulance	[80%] of Medicare-approved charges after the [\$147] Medicare Calendar Year Deductible		For charges covered under Medicare Part B: <input type="radio"/> After [\$147] Medicare Calendar Year Deductible, [20%] of Medicare-approved charges. <input type="radio"/> Part B Deductible <input type="radio"/> Part B Excess Charges <input type="radio"/> After [\$147] Medicare Calendar Year Deductible, [20%] of Part B subject to Plan N co-payments ⁴	<input type="radio"/> [\$147] Medicare Calendar Year Deductible <input type="radio"/> Part B Excess Charges <input type="radio"/> Plan N co-payments ⁴ <input type="radio"/> Nothing

¹ Plan C and Plan D are not available for sale through Colonial Penn Life Insurance Company.

² If you apply for the High-Deductible Plan F, all benefits will be subject to an annual deductible of [\$2,180]. This deductible can change each calendar year.

³ Intermediate and custodial nursing care are not covered under Medicare.

⁴ Plan N benefits are subject to co-payments of up to [\$20] per office visit and up to [\$50] per emergency room visit. The emergency room co-payment is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.

Policy / Worksheet

Service	Benefit	Medicare Pays	Existing or Proposed Coverage	Medicare Supplement Insurance Pays Plan K ⁵ or Plan L ⁶	You Pay
Inpatient Hospital Stay	First [60] days	All but [\$1,260]		○ [\$630] ([50%] of Part A deductible) or ○ [\$945] ([75%] of Part A deductible)	○ [\$630] ([50%] of Part A deductible) or ○ [\$315] ([25%] of Part A deductible)
	[61]st to [90]th day	All but [\$315] a day		[\$315] a day	Nothing
	[91]st day and after: While using [60] Lifetime Reserve Days	All but [\$630] a day		[\$630] a day	Nothing
	Once Lifetime Reserve Days are used: Additional [365] days	Nothing		[100%] of Medicare-eligible expenses	Nothing
	Beyond the Additional [365] days	Nothing		Nothing	All Costs
Skilled Nursing Facility Care ³	First [20] days	[100%]		Nothing	Nothing
	Additional [80] days	All but [\$157.50] a day		○ Up to [\$78.75] a day or ○ Up to [\$118.13] a day	○ Up to [\$78.75] a day or ○ Up to [\$39.37] a day
	Beyond [100] days	Nothing		Nothing	All Costs
Physician and Medical Expenses	Physician's Services in hospital, office or home, inpatient and outpatient medical services and supplies at a hospital, physical and speech therapy and ambulance	[80%] of Medicare-approved charges after the [\$147] Medicare Calendar Year Deductible		For charges covered under Medicare Part B: [\$0] for first [\$147] of Medicare-approved amounts ○ [10%] remainder of Medicare-approved amounts ○ [15%] remainder of Medicare-approved amounts	[\$147] (Part B deductible) All costs above Medicare-approved amounts and: ○ [10%] remainder of Medicare-approved amounts ○ [5%] remainder of Medicare-approved amounts

³ Intermediate and custodial nursing care are not covered under Medicare.

Medicare Supplement insurance solicitation. A licensed insurance agent/producer may contact you.

Colonial Penn, Bankers Life and their licensed agents are not connected with or endorsed by the U.S. Government or the Federal Medicare Program.

Bankers Life is the marketing brand of Bankers Life and Casualty Company, Medicare Supplement insurance policies sold by Colonial Penn Life Insurance Company and select policies sold in New York by Bankers Conseco Life Insurance Company (BCLIC). BCLIC is authorized to sell insurance in New York. Administrative office: Chicago, Illinois.

⁵ Plan K: [\$4,940] Out-of-Pocket Annual Limit.

⁶ Plan L: [\$2,470] Out-of-Pocket Annual Limit. The limits may increase annually for inflation.

Underwritten by Colonial Penn Life Insurance Company
Philadelphia, PA

BankersLife.com

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[(04/15) 159466]

CPL-17804A

Understanding Medicare and Your Healthcare Options



Medicare's Healthcare Coverage

The **basics** on your benefits.



Hospital

Medical



Prescription Drug

Your out-of-pocket expenses.

- Monthly premiums
- Annual deductibles
- Coinsurance
- Co-payments
- Services or supplies not approved by Medicare
- Charges above the Medicare-approved amount
- Dental care
- Vision care and eyeglasses
- Long-term care
- Ongoing home healthcare

Two ways to help cover costs Medicare doesn't.

Original Medicare

Medicare Part A Medicare Part B

- Provides your basic hospital and medical coverage



Medicare Supplement Insurance

- Offers standardized benefits to help fill coverage gaps in Original Medicare
- Provided by private insurance companies



Medicare Part D Prescription Drug Coverage

- Provided by private insurance companies approved by Medicare

OR

Medicare Advantage (MA) Plan

Medicare Part C

- Includes benefits equal to Part A and Part B
- Offers additional benefits that vary depending on the company and plan you choose



Medicare Part D Prescription Drug Coverage

- Available only if you do not select an MA-PD

Medicare Part A

Your **hospital** benefits at-a-glance.

Covered Services

- Inpatient hospital stays
- Inpatient skilled nursing facility care, except for custodial or long-term care
- Home health services for part-time care, including:
 - Skilled nursing care
 - Physical therapy
 - Speech therapy
- Hospice care

Coverage Requirements Specific to Part A

Service	Medicare Pays for Care If
Hospital Stay	<ul style="list-style-type: none">• Your doctor prescribes the hospital stay• Hospital agrees with your doctor that you need the care
Skilled Nursing Facility Care	<ul style="list-style-type: none">• Your doctor certifies that you need daily care• Skilled care follows a three-day hospital stay for a related illness• You require skilled nursing care for up to [100] days
Home Health Services	<ul style="list-style-type: none">• You are confined to your home• Services are limited to part-time skilled nursing care or approved therapies
Hospice Care	<ul style="list-style-type: none">• Your doctor certifies that you have six months or less to live

Out-of-Pocket Part A Costs in [2015]

	You Pay
Monthly Premium	[\$0] Most people paid Medicare taxes while working
Part A Deductible (per Benefit Period)	[\$1,260]
Coinsurance and Co-Pays	Amounts vary per service
Hospital Stay Co-Pays	
Up to [60] Days	Nothing
Day [61] to [90]	[\$315] per day
Day [91] to [150]	[\$630] or more per day
After 1[50] Days	[100%]
Skilled Nursing Stay Co-Pays	
Day [1] to [20]	Nothing
Day [21] to [100]	[\$157.50] per day
After [100] Days	[100%]



Medicare Part B

Your **medical** benefits at-a-glance.

Covered Services

- Doctors’ services
- Outpatient hospital services
- Medical services and supplies
- Home health services
- Certain preventive care

Keep In Mind

Even for services covered under Medicare, you still pay:

- Deductible
- Coinsurance
- Charges above the Medicare-approved amount
- All costs if the provider or expense is not approved by Medicare

Coverage Requirements Specific to Part B

	Usually Covered	Usually Not Covered
Doctors’ Services	<ul style="list-style-type: none">• Medically-necessary doctors’ services or covered preventive services• Physician assistant services• Nurse practitioner services• Welcome to Medicare preventive visit and Yearly Wellness visit every [12] months	<ul style="list-style-type: none">• Dental care• Routine vision care and eyeglasses• Routine foot care• Chiropractic services
Outpatient Hospital Services	<ul style="list-style-type: none">• Emergency room• Immediate care clinics• Physical therapy• Lab tests and X-rays	<ul style="list-style-type: none">• Cosmetic surgery• Non-emergency healthcare outside the United States
Medical Services & Supplies	<ul style="list-style-type: none">• Ambulance services• Wheelchairs and walkers• Diabetes supplies• Casts and splints	<ul style="list-style-type: none">• Prescription medications• Hearing aids• Dentures
Home Health Services	<ul style="list-style-type: none">• Intermittent skilled nursing care• Medically-necessary physical therapy and speech therapy	<ul style="list-style-type: none">• Home health services not prescribed by a doctor• Long-term care• Custodial care



Out-of-Pocket Part B Costs in [2015]

	You Pay
Monthly Premium	[\$104.90] for most people*
Annual Deductible	[\$147]
Coinsurance	[20%] of approved expenses after you meet the deductible

*Beneficiaries who file an individual tax return with income greater than [\$85,000] or who file a joint tax return with income greater than [\$170,000] will pay a higher premium.

Medicare Supplement Insurance

Cover **more** of your healthcare costs.

- Choice of several standardized plans*
- **No provider networks**
- **No specialist referrals**
- All plans pay for:
 - **Part A co-pays and coinsurance**
 - **[365] additional days** hospital coverage
 - **Part B co-pays and coinsurance**
 - Hospice care coinsurance
- Certain plans pay for:
 - Skilled nursing facility coinsurance
 - **Part A deductible**
 - **Part B deductible**
 - Part B charges over the Medicare-approved amount
 - Foreign travel emergency care
- Prescription drug coverage available under Medicare Part D

No networks, no referrals
and plans with **virtually no
out-of-pocket expenses.**



Medicare Part D

Your **prescription drug** benefits at-a-glance.

Features and Benefits

- Provides savings on the most widely used prescription drugs, including insulin
- Covers both brand-name and generic medications
- Accepted by pharmacies nationwide

Out-of-Pocket Part D Costs in [2015]

<u>Drug Costs</u>	
Over [\$6,680]	<div><div>[5%*] You pay</div><div>[95%] Covered by Medicare prescription drug plan</div></div>

[\$2,960 to \$6,680]	<div><div>Coverage Gap No drug coverage</div><div>In plan year [2015], Medicare beneficiaries who reach the Coverage Gap (Donut Hole) will receive a [28%] discount on generic drugs purchased and continue to receive a [55%] ([50%] paid by the drug manufacturer and [5%] paid by the Medicare Part D plan) discount on brand name drugs.</div></div>

[\$320 to \$2,960]	<div><div>[25%] You pay</div><div>[75%] Covered by Medicare prescription drug plan</div></div>

[\$0 to \$320]	<div><div>Annual Deductible No drug coverage</div></div>

*Payment is percentage of the Medicare-approved amount or [\$2.65] for generic drugs and [\$6.60] for brand-name drugs, whichever is greater.

Medicare Advantage Plans

Discover a **cost-effective alternative** to Original Medicare.

- Offered as managed care plans, such as:
 - Health Maintenance Organizations (HMOs)
 - Preferred Provider Organizations (PPOs)
 - Private Fee-for-Service (PFFS)
- May have provider networks
- May require specialist referrals
- Usually charge co-pays for services
- May offer **additional coverage benefits**, such as:
 - Low or no deductible
 - Lower coinsurance
 - Vision or dental care
- Plan benefits vary by company and the county you live in
- Often **includes prescription drug coverage** (MA-PD)
- Usually **less expensive** than supplemental insurance
- **Reduced or zero** monthly premiums

Low monthly premiums and plans that even include prescription drug coverage.



This policy has limitations and exclusions.

For costs and complete details of the coverage, call your insurance agent.

Medicare Supplement insurance solicitation. A licensed insurance agent/producer may contact you.

Colonial Penn, Bankers Life and their licensed agents are not connected with or endorsed by the U.S. Government or the Federal Medicare Program.

Bankers Life is the marketing brand of Bankers Life and Casualty Company, Medicare Supplement insurance policies sold by Colonial Penn Life Insurance Company and select policies sold in New York by Bankers Conseco Life Insurance Company (BCLIC). BCLIC is authorized to sell insurance in New York. Administrative office: Chicago, Illinois.

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Philadelphia, PA

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CPL-17805A



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Choosing the plan that's right for you

Comparing Medicare Advantage and Medicare Supplement insurance plans





Meet Paul Bennett

He's probably a lot like you. He just celebrated his 65th birthday. He's retired from his sales job after 41 years with the company. He and his wife Rose can't wait to finally take that second honeymoon in Italy.

Paul's new to Medicare and is enrolled in part A and part B. Like most Americans, Paul doesn't pay a monthly premium for Medicare part A, his hospital insurance. But his medical insurance, also known as Medicare part B, costs him a monthly premium.

Enhancing Medicare's coverage

Paul knows that Medicare provides good protection, but it doesn't cover all health care costs. Along with other Medicare participants, he'll pay out-of-pocket expenses such as:

- Deductibles
- Co-payments
- All costs for services and supplies that are **not** Medicare-approved
- Long-term care
- Health care outside of the U.S.

When Paul was employed, his health insurance carrier was a health maintenance organization (HMO). As an HMO member, he needed a referral from his primary care doctor to visit a specialist when needed. Now that *he's* in control of his coverage, Paul wants the freedom to visit the doctor and specialist of his choice without a referral.

Paul also wants to reduce out-of-pocket spending and add benefits to his Medicare coverage, such as international travel emergency coverage and more paid hospital days.

He considers two options:

- Choosing a Medicare Supplement insurance policy
- Joining a Medicare Advantage plan

But which choice fits his needs while maximizing his benefits? A comparison helps Paul start his decision making process.



Medicare Supplement insurance policies

Private insurance companies sell Medicare Supplement insurance policies. Federal and state law limits the policies to a set of standardized plans, labeled [A, B, C, D, F, G, K, L, M, N (including High Deductible Plan F)]. These plans are the same in all states, except [Massachusetts, Minnesota and Wisconsin]. Your state health insurance assistance program (SHIP) can provide further details.

Medicare Supplement insurance plans are the same, but insurance companies are not. Choosing a quality carrier is just as important as selecting the right policy.

Medicare Supplement insurance coverage

With a Medicare Supplement insurance policy, you choose your doctors, specialists and hospitals through the traditional Medicare system. All policies pay a basic benefit that includes:

- Medicare part A hospital insurance co-payments, after reaching the deductible
- Medicare part B medical insurance co-payments, after reaching the annual deductible

Medicare Supplement insurance plan A only covers basic benefits. Plans [B, C, D, F, G, K, L, M, and N] offer supplemental benefit combinations, allowing you to customize your coverage. Examples of coverage include:

- Medicare part A and part B deductibles
- International travel emergency care*
- Skilled nursing co-payments

Medicare Supplement insurance costs and considerations

Premiums vary for each plan. Choose the plan that's right for you.

Do your homework on your insurance carrier — make sure you can count on them. Questions you should consider include:

- How long have they been in business?
- Are there agents in your community that can help you?
- Does the company specialize in Medicare Supplement insurance policies for seniors?

**This benefit is subject to a [\$250] deductible, [20%] coinsurance, and a lifetime maximum of [\$50,000].*

Medicare Advantage plans

Medicare Advantage plans are a type of Medicare health plan offered by private health care companies, usually Health Maintenance Organizations (HMOs), contracted by the Medicare system.

To participate, you must keep your Medicare part A and part B coverage and you still pay your monthly part B premium. However, Medicare Advantage plans may charge an additional monthly premium for the extra benefits.

Medicare Advantage plan coverage

Medicare sets standard guidelines for how you receive care through the [4] Medicare Advantage plan options:

- Medicare Maintenance Organizations (HMOs)]
- Medicare preferred provider organization plans (PPOs)]
- Medicare private fee-for-service plans]
- Medicare specialty plans]

Medicare Advantage plan costs and considerations

Medicare advantage plan cost and availability varies in different areas. And they don't all accept new members on an open enrollment basis. When a plan is full, you must wait for an opening or select a second choice plan.

With some plans you must choose a primary care doctor. And you must get a referral from that doctor to see a specialist, such as a dermatologist, podiatrist, or in Paul's case, his cardiologist.

Your private health care plan or doctor can also leave the Medicare Advantage network at any time. This may require you to select a new plan or switch to a new doctor, specialist and/or hospital. Your monthly premium and benefits can change as well.



Making the right choice for you

Remember Paul? After weighing Medicare Advantage plans against traditional Medicare Supplement insurance plans, Paul and Rose decide to go with a Medicare Supplement insurance plan. They purchased their coverage from an insurance agent in their community.

Their decision feels right because their coverage accomplishes all of their health care priorities:

- Reduces out-of-pocket spending.
- Adds extra coverage benefits.
- Gains the flexibility to choose doctors and specialists without a referral, unlike their former HMO.

In addition to accomplishing their immediate health care goals, Paul and Rose also considered some important Medicare Advantage factors. Specifically, they learned that they can't always join the plan of their choice. Some plans limit membership, forcing them to enroll in an alternate plan. Or possibly even delay enrollment.

Asking these questions helped them reach their decision:

	Medicare Supplement insurance policy	Medicare Advantage plan
Can we visit the specialist of our choice without a referral?	Yes	May require a referral, based on plan design
Can our benefits change at any time?	No*	Benefits determined annually
Is there an agent to help us?	Yes**	Sometimes

**Copayments and Deductibles determined by Medicare Annually*

***Insurance agents are available to answer questions.*

Paul and Rose want the personal attention and advice their local Medicare Supplement insurance agent provides. They don't just need insurance — they want the assurance that their agent will be there to provide personalized service when needed. Because retirement isn't time to worry about not having the right coverage — it's time to enjoy life!

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CPL-15599A



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Medicare and Active Americans

A consumer's guide to understanding Medicare



- Am I automatically enrolled in Medicare when I'm 65?
- What services does Medicare cover?
- Will Medicare pay for my prescription drugs?
- Is Medicare my only healthcare option or are there others?

Welcome to Medicare and Active Americans!

We're pleased you requested this informational booklet.

Medicare provides good coverage, but it was **never intended to cover all of your healthcare expenses**. This booklet describes what Medicare does cover and shares some options for **filling in the gaps** for what it doesn't cover.

But before getting into coverage details, let's take a look at Medicare enrollment.

When am I eligible for Medicare?

- When you turn age 65
- If you are under age 65, but are disabled
- At any age, if you have End-Stage Renal Disease (ESRD)

Am I automatically enrolled in Medicare when I'm 65?

Yes, if you already receive benefits from the Social Security Administration or the Railroad Retirement Board, the Centers for Medicare & Medicaid services will automatically enroll you in Parts A and B.

You do not need to do anything. The government will send you your Medicare card in the mail about three months before you turn 65.

When would someone not be automatically enrolled?

If you don't already receive Social Security or Railroad Retirement Board benefits, the government gives you an initial enrollment period to sign up.

The initial enrollment period runs from three months prior to your 65th birthday to three months afterwards.

What are the four Parts of Medicare?

Medicare Parts A and B are known as “Original Medicare.” Parts C and D are voluntary coverages.

Medicare Part A
Hospital Coverage



Medicare Part B
Medical Coverage



Medicare Part C
Medicare Advantage Plans



Medicare Part D
Prescription Drug Coverage



What else should I know?

In order for Medicare to cover your healthcare services, **your providers must meet certain requirements**, such as:

- **The hospital** participates in the Medicare program.
- **Your doctor** accepts Medicare assignments.
- **At-home and hospice providers** are Medicare-approved.
- **Services and supplies** are covered by Medicare.

What do I pay under Medicare?

Medicare provides good coverage, but **does not pay** for all healthcare costs. Certain expenses will **still be your responsibility**:

- Monthly premiums
- Annual deductibles
- Coinsurance
- Co-payments
- Services or supplies not approved by Medicare
- Charges above the Medicare-approved amount
- Dental care
- Vision care and eyeglasses
- Long-term care
- Ongoing home healthcare



Defining Out-of-Pocket Costs

Premium: Your monthly cost for healthcare coverage or insurance.

Deductible: The amount you pay out-of-pocket before Medicare begins to pay healthcare costs.

Coinsurance: Your share of the cost for covered services after meeting your deductible.

Co-Payment: Commonly called a co-pay, this is a set amount you pay to the hospital, doctor or pharmacy at the time you use its service.

How do I cover the costs *that Medicare doesn't?*

There are two ways to help cover the costs Medicare doesn't by using a combination of private insurance and Medicare Part C and Part D.

Original Medicare

Medicare Part A Medicare Part B

- Provides your basic hospital and medical coverage

Medicare Supplement Insurance

- Offers standardized benefits to help fill coverage gaps in Original Medicare
- Provided by private insurance companies

Medicare Part D Prescription Drug Coverage

- Provided by private insurance companies approved by Medicare

OR

Medicare Advantage (MA) Plan

Medicare Part C

- Includes benefits equal to Part A and Part B
- Offers additional benefits that vary depending on the company and plan you choose

Medicare Part D Prescription Drug Coverage

- Available only if you do not select an MA-PD



What is Medicare Part A?

Medicare Part A is **the hospital insurance portion of your plan**. It pays benefits for:

- Inpatient hospital stays
- Inpatient skilled nursing facility care, except for custodial or long-term care
- Home health services for part-time care, including:
 - Skilled nursing care
 - Physical therapy
 - Speech therapy
- Hospice care

When Does Part A Pay Benefits?

SERVICE	MEDICARE PAYS FOR CARE ONLY IF
Hospital Stay	<ul style="list-style-type: none">• Your doctor prescribes the hospital stay• Hospital agrees with your doctor that you need the care
Skilled Nursing Facility Care	<ul style="list-style-type: none">• Your doctor certifies that you need daily care• Skilled care follows a three-day hospital stay for a related illness• You require skilled nursing care for up to 100 days
Home Health Services	<ul style="list-style-type: none">• You are confined to your home• Services are limited to part-time skilled nursing care or approved therapies
Hospice Care	<ul style="list-style-type: none">• Your doctor certifies that you have six months or less to live

Your Out-of-Pocket Part A Costs in [2015]

	YOU PAY
Monthly Premium	\$0 Most people paid Medicare taxes while working
Part A Deductible (per Benefit Period)	[\$1,260]
Coinsurance and Co-Pays	Amounts vary per service
HOSPITAL STAY CO-PAYS	
Up to 60 Days	Nothing
Day 61 to 90	[\$315] per day
Day 91 to 150	[\$630] or more per day
After 150 Days	100%
SKILLED NURSING STAY CO-PAYS	
Day 1 to 20	Nothing
Day 21 to 100	[\$157.50] per day
After 100 Days	100%



What is Medicare Part B?

Medicare Part B is **the medical insurance portion of your plan**.
It pays benefits for:

- Doctors' services
- Outpatient hospital services
- Medical services and supplies
- Home health services
- Certain preventive care

Examples of Common Part B Expenses

	USUALLY COVERED	USUALLY NOT COVERED
Doctors' Services	<ul style="list-style-type: none">• Medically-necessary doctors' services or covered preventive services• Physician assistant services	<ul style="list-style-type: none">• Routine physical exams, except a one-time exam when you first join Medicare• Dental care, routine vision care and eyeglasses
Outpatient Hospital Services	<ul style="list-style-type: none">• Emergency room• Immediate care clinics• Physician-ordered tests and procedures	<ul style="list-style-type: none">• Cosmetic surgery• Non-emergency healthcare outside the United States
Medical Services & Supplies	<ul style="list-style-type: none">• Ambulance services• Wheelchairs and walkers• Diabetes supplies	<ul style="list-style-type: none">• Prescription medications• Hearing aids• Dentures
Home Health Services	<ul style="list-style-type: none">• Intermittent skilled nursing care• Medically-necessary physical therapy and speech therapy	<ul style="list-style-type: none">• Home health services not prescribed by a doctor• Long-term care and custodial care



Your Out-of-Pocket Part B Costs in [2015]

	YOU PAY
Monthly Premium	[\$104.90] for most people*
Annual Deductible	[\$147]
Coinsurance	20% of approved expenses after you meet the deductible

*Approximately [4%] of beneficiaries, including new enrollees, will pay a higher Part B premium in [2015]. Beneficiaries who file an individual tax return with income greater than \$85,000 or who file a joint tax return with income greater than \$170,000 will also pay a higher premium.

Will Medicare pay for my prescription drugs?

Medicare Part D is **your prescription drug coverage** which:

- Provides savings on the most widely used prescription drugs, including insulin
- Covers both brand-name and generic medications
- Is accepted by pharmacies nationwide

Part D is a **voluntary program**. That means Medicare doesn't automatically sign you up—you must enroll.

If you don't sign up when you are first eligible, Medicare will charge a **late-enrollment penalty for every month you delay**. This penalty will be waived if you are covered under an insurance plan that provides drug benefits determined to be at least equivalent to Part D benefits.

Out-of-Pocket Part D Costs in [2015]

Drug Costs	
Over [\$6,680]	<div><div>[5%*] You pay</div><div>[95%] Covered by Medicare prescription drug plan</div></div>
[\$2,960 to \$6,680]	<div><div>Coverage Gap No drug coverage</div><div>[In 2015, Part D enrollees will receive a 55% discount on the total cost of their brand-name drugs purchased while in the donut hole. The 50% discount paid by the brand-name drug manufacturer will still apply to getting out of the donut hole, however the additional 5% paid by your Medicare Part D plan will not count toward your true out-of-pocket. Enrollees will pay a maximum of 65% co-pay on generic drugs purchased while in the coverage gap.]</div></div>
[\$320 to \$2,960]	<div><div>[25%] You pay</div><div>[75%] Covered by Medicare prescription drug plan</div></div>
[\$0 to \$320]	<div><div>[Annual Deductible] [No drug coverage]</div></div>

[*Payment is percentage of the Medicare-approved amount or [\$2.65] for generic drugs and [\$6.60] for brand-name drugs, whichever is greater.]

What is a Medicare Supplement?

Private insurance companies sell Medicare Supplement policies. Federal and state law limits the policies to a set of standardized plans, labeled A through N (including High Deductible Plan F). Plans E, H, I and J are no longer available for sale.

These plans are the same in all states, except Massachusetts, Minnesota and Wisconsin. The chart on page 12 and 13 provides more details.

Features and Benefits

- Choice of several standardized plans*
- **No provider networks**
- **No specialist referrals**
- All plans pay for:
 - **Part A co-pays and coinsurance**
 - **365 additional days** hospital coverage
 - **Part B co-pays and coinsurance**
 - Hospice care coinsurance
- Certain plans pay for:
 - Skilled nursing facility coinsurance
 - **Part A deductible**
 - **Part B deductible**
 - Part B charges over the Medicare-approved amount
 - Foreign travel emergency care
- Prescription drug coverage available under Medicare Part D



To Keep in Mind

Medicare Supplement plans are the same, but insurance companies are not. Choosing a quality carrier is just as important as selecting the right policy.

*Plans not available in all states.

Medicare Supplement Plans in [2015]

This chart shows the benefits included in each of the standard Medicare Supplement plans. Every company must make Plan “A” available. Some plans may not be available in your state. Plans E, H, I and J are no longer available for sale.

A	B	C	D	F, F [†]
Basic, including 100% Part B co-insurance	Basic, including 100% Part B co-insurance	Basic, including 100% Part B co-insurance	Basic, including 100% Part B co-insurance	Basic, including 100% Part B co-insurance
		Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible
		Part B Deductible		Part B Deductible
				Part B Excess (100%)
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency

[†]Plan F also has an option called a High Deductible Plan F. This high deductible plan pays the same benefits as Plan F after one has paid a calendar year [\$2,180] deductible. Benefits from High Deductible Plan F will not begin until out-of-pocket expenses exceed [\$2,180]. Out-of-pocket expenses for this deductible are expenses that would originally be paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan’s separate foreign travel emergency deductible.

Basic Benefits

- **Hospitalization:** Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.
- **Medical Expenses:** Part B coinsurance (generally 20% of Medicare-approved expenses) or co-payments for hospital outpatient services. Plans K, L and N require insureds to pay a portion of Part B coinsurance or co-payments.
- **Blood:** First three pints of blood each year.
- **Hospice:** Part A coinsurance.

G	K	L	M	N
Basic, including 100% Part B co-insurance	Hospitalization and preventative care paid at 100%; other basic benefits paid at 50%	Hospitalization and preventative care paid at 100%; other basic benefits paid at 75%	Basic, including 100% Part B co-insurance	Basic, including 100% Part B coinsurance, except up to \$20 copayment for office visit, and up to \$50 copayment for ER
Skilled Nursing Facility Coinsurance	50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance
Part A Deductible	50% Part A Deductible	75% Part A Deductible	50% Part A Deductible	Part A Deductible
Part B Excess (100%)				
Foreign Travel Emergency			Foreign Travel Emergency	Foreign Travel Emergency
	Out-of-pocket limit [\$4,940]; paid at 100% after limit reached	Out-of-pocket limit [\$2,470]; paid at 100% after limit reached		

What is a Medicare Advantage Plan?

Medicare Advantage (MA) Plans are health plans provided by private companies approved by Medicare. They are offered as **managed care plans**, such as:

- Health Maintenance Organizations (HMOs)
- Preferred Provider Organizations (PPOs)
- Private Fee-for-Service (PFFS)

Features and Benefits

- May have provider networks
- May require specialist referrals
- Usually charge co-pays for services
- May offer **additional coverage benefits**, such as:
 - Low or no deductible
 - Lower coinsurance
 - Vision or dental care
- Plan benefits vary by company and the county you live in
- Often **includes prescription drug coverage** (MA-PD)
- Usually **less expensive** than supplemental insurance
- **Reduced or zero** monthly premiums

To Keep in Mind

Medicare Advantage Plans can be a cost-effective alternative to Original Medicare. However, consider your health, how often you visit the doctor and your financial situation when choosing a plan.





What is long-term care?

Long-term care (LTC) is **personal assistance** provided to people who are unable to perform the activities of daily living on their own **for an extended period**. Long-term care is also provided when a person needs supervision due to a cognitive impairment, such as Alzheimer’s disease.

You can receive long-term care services in a variety of settings such as an assisted living facility, a nursing home or even in your own home.

Do the plans in this booklet pay for long-term care?

Medicare is designed to cover doctor visits, hospital stays and rehabilitative care, commonly called acute care. Long-term care—including custodial care—is **generally not covered by Medicare**.

Long-term care services are a unique healthcare expense also **not covered by most government or private health insurance plans**, such as Medicare Advantage Plans and Medicare Supplement insurance.

Paying for services out-of-pocket or purchasing a long-term care insurance plan are common ways of funding care costs.

Paying for Long-Term Care

	YES	NO
Medicare	Only for short-term recovery	
Health Insurance		✓
Disability Insurance		✓
Medicare Supplement Insurance		✓
Medicaid	In limited circumstances	
Individual, Out-of-Pocket	✓	
Long-Term Care Insurance	✓	

Answers to Your Questions

- Am I automatically enrolled in Medicare when I'm 65?
- What services does Medicare cover?
- Will Medicare pay for my prescription drugs?
- Is Medicare my only healthcare option or are there others?

 In 2014, the majority of the 54 million people on Medicare are in the traditional Medicare program.

Source: Kaiser Family Foundation, Medicare at a Glance, 09/2014.

Medicare Supplement insurance solicitation. A licensed insurance agent/producer may contact you.

Colonial Penn, Bankers Life and their licensed agents are not connected with or endorsed by the U.S. Government or the Federal Medicare Program.

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Chicago, IL 60601-4508

NOTICE FOR RESIDENTS AGE 64

FROM: ATTN: [STATE NAME] RESIDENTS
Colonial Penn Life Insurance Company
111 East Wacker Drive, Suite 2100
Chicago, IL 60601-4508

Information Registration I.D. # 123456789

TO: [Mr. John Doe]
[123 Main St.]
[Apt. 123]
[Anytown, US 12345-6789]
[]

POSTMARK DATE
Call or Mail request by:

[MAY 05 2015]

Dear [Sample A. Sample]:

This notice is for [state] residents age 64. According to our records, **you may be eligible for MEDICARE benefits within the next SIX MONTHS.**

During the open enrollment period, you will have an opportunity to make selections regarding your health benefits. We are attempting to contact as many individuals like you, to urge you to **PLAN NOW** and **have your selections ready before age 65.**

Colonial Penn would like to offer you A FREE INFORMATION GUIDE that can help you understand Medicare and your Medicare Supplement insurance options.

PLEASE REQUEST THE INFORMATION GUIDE BEFORE AGE 65.

The guidebook provides critical program information to help you answer:

- Am I automatically **enrolled in Medicare** when I'm 65?
- **What services** does Medicare cover?
- Will Medicare pay for my **prescription drugs**?
- Is Medicare my only **healthcare option** or are there others?

THIS INFORMATION IS FREE TO INDIVIDUAL RESIDENTS WHO REQUEST IT:

- **Call the Information Request Line toll-free: [1-XXX-XXX-XXXX]**
• **OR detach and mail the form below (postage has been paid)**

(over please)

CPL-3403D

3403 1014

FREE INFORMATION REQUEST

Complete, detach & mail this request card to receive your free information

If address is NOT correct, please correct it on the back.

[State] Resident:

[Mr. John Doe]
[123 Main St.]
[Anytown, US 12345-6789]

Phone #:

Information Registration I.D. #

[BARCODE NUMBER]

Please mail on/before:

[MAY 05 2015]

FOR RESIDENTS TURNING AGE 65:

FREE INFORMATION GUIDE

- ☒ **Yes!** Send me information that will help me understand Medicare and Medicare Supplement insurance coverage options.

[Line 1]
[Booklet Fulfillment Center]
[PO Box 224907]
[Dallas, TX 75222-9729]
[Postal Barcode]

Barcode Here

Medicare Supplement Plans are available through Colonial Penn Life Insurance Company. Colonial Penn Life Insurance Company, Bankers Life and Casualty Company and their licensed agents are not affiliated with or sponsored by the Federal Medicare Program.

Policies available to underage 65 person who qualifies for Medicare due to disability.

Coverage is limited to Medicare eligible expenses. Benefits paid by Medicare will not be duplicated.

Medicare Supplement insurance solicitation. A licensed insurance agent/producer may contact you.

Medicare Supplement insurance is issued on form series [CPL-GR-A80A, CPL-GR-A80B, CPL-GR-A80C, CPL-GR-A80F, CPL-GR-A80FH, CPL-GR-A80G, CPL-GR-A80K, CPL-GR-A80L, CPL-GR-A80M and CPL-GR-A80N] by Colonial Penn Life Insurance Company, Philadelphia, PA. This product, and its features are subject to state availability and may vary by state. This policy has exclusions, limitations & terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact your insurance agent.

Bankers Life is the marketing brand of Bankers Life and Casualty Company, Medicare Supplement insurance policies sold by Colonial Penn Life Insurance Company and select policies sold in New York by Bankers Conseco Life Insurance Company (BCLIC). BCLIC is authorized to sell insurance in New York.

**There is no obligation and this guide will be provided free of charge
to anyone who requests it by phone or by mail.**


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Medicare Supplement insurance

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Help cover more of your health expenses

The choice is easy. Bankers Life's solution can help you reduce the total out-of-pocket expenses for your medical care.

Medicare Supplement insurance

Life insurance >

Annuities >

Long-term care insurance >

Help save money, spare worry



Your share of medical costs and related expenses can quickly add up and the options and terminology can be confusing. Medicare Supplement insurance may help you pay for medical care that isn't covered by the federal Medicare program. Our knowledgeable insurance agents help simplify the process so you can weigh your options and choose the best combination of benefits for your physical—and your financial—well-being.



Our approach >

Our [insurance agents](#) will work with you to understand what you need. We're dedicated to helping you find the insurance policy that's best for you.

To help cover your out-of-pocket medical costs, we offer Medicare Supplement insurance plans A, B, F, with high deductible, G, K, L, M, and N. These policies help pay for items that Medicare may not cover such as Medicare deductibles, hospital and medical care co-insurance, extended hospital care, physician's services, hospital outpatient services and supplies, and ambulance services.

Contact your Bankers Life agent regarding other products that also supplement Medicare such as Medicare Advantage plans*, Medicare Part D prescription drug coverage plans*, and critical illness insurance.

* Coverage is offered by non-affiliated carriers.

Frequently asked questions

EXPAND ALL

COLLAPSE ALL

+ What is Medicare?

+ What does Medicare Part A cover?

+ What does Medicare Part B cover?

[See all](#)



FAQs

 [Send us a message](#)
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See FAQs related to:

Products: Medicare Supplement insurance



Products: Medicare Supplement insurance

[EXPAND ALL](#) [COLLAPSE ALL](#)

– What is Medicare?

Medicare is a federal health insurance program for people who are:

- Age 65 and older.
- Younger than 65 with certain disabilities.
- Any age with end-stage renal disease (ESRD), a type of permanent kidney failure requiring dialysis or a kidney transplant.

Medicare has helped millions of Americans pay for the health care services they need. You've likely contributed to the program through the Social Security taxes deducted from your paycheck.

– What does Medicare Part A cover?

Medicare Part A generally covers the following:

- Hospital care
- Skilled nursing facility care
- Nursing home care when you need more than custodial care
- Hospice care
- Home health services

Even when Medicare pays the cost of a service or item, you generally have your own portion to pay, in the form of deductibles, coinsurance and copayments.

– What does Medicare Part B cover?

Medicare Part B covers two types of services:

- Medically necessary services are needed to diagnose or treat your medical condition and must meet accepted standards of medical practice.
- Preventive services are intended to prevent illnesses like the flu and detect serious conditions at an early stage, when treatment has the best chance of success.

When you're covered by Medicare, you pay nothing for most preventive services rendered by a Medicare-approved health care provider.

Medicare Part B covers health care costs like:

- Clinical trials
- Ambulance services
- Durable medical equipment
- Mental health
- Inpatient stays
- Outpatient care
- Partial hospitalization
- Getting a second opinion before surgery
- Some outpatient prescription drugs

Even when Medicare covers a service or item, you generally have your own portion to pay, in the form of deductibles, coinsurance and copayments.

– Is anything not covered by Medicare Part A and Part B?

Medicare does not cover all items and services. Some of these are:

- Long-term care
- Custodial care
- Most forms of dental care
- Eye exams for prescribing glasses
- Dentures
- Cosmetic surgery
- Acupuncture
- Hearing aids and fitting exams
- Routine foot care

– What is Medicare Supplement insurance?

Medicare Supplement insurance is sold by private companies. This type of coverage helps you pay some of the health care costs not covered by Medicare Part A or Part B. Medicare Supplement insurance pays for things like your Medicare copayments (deductibles, coinsurance, and copayments).

One type of Medicare Supplement insurance is Part D, which helps you cover the costs of prescription drugs.

– Why should I purchase a Medicare Supplement insurance policy?

Medicare Supplement insurance offers a number of advantages:

- You get help paying out-of-pocket medical expenses like copays and deductibles, which makes it easier to manage your health care budget.
- Your Medicare Supplement coverage is valid everywhere in the U.S.
- You can visit any specialist—with no referral needed—as long as the provider accepts Medicare patients.
- You can choose any doctor or hospital that accepts Medicare patients.
- You can choose from a variety of plan types to help meet your needs now and in the future.

– What is critical illness insurance?

Critical illness insurance pays you benefits if you are diagnosed with a covered critical illness, such as cancer, heart attack or stroke. With most policies, benefits are paid directly to you when you are first diagnosed. You can then use your benefits however you choose.

– Do critical illness insurance benefits have to go toward health care costs?

When you have critical illness insurance, benefits are paid directly to you, or someone you designate, not to your health care provider. You can use the money you receive however you need, whether it's to pay medical bills, replace wages when you can't work, cover your mortgage and other bills, or pay for household expenses.

– Why should I purchase a critical illness insurance policy?

When you experience a common critical illness like cancer, heart attack or stroke, you may need extra resources to protect your family, finances and future retirement. Critical illness insurance helps ensure you have the protection you need right when you need it.



[Back to top](#)

